## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

PAMELA T. CANNATARO		Case No.: 3:20-cv-01583-SI		
	Plaintiff(s),	Cuse 110		
v.		MOTION FOR LEAVE TO APPEAR PRO HAC VICE		
PORTLAND GE	ENERAL ELECTRIC, et al.			
	Defendant(s).			
Attorno	ey Susan L. Saltzstein	requests special admission <i>pro hac</i>		
vice to the Bar	of the United States District Cou	art for the District of Oregon in the above-		
•	e for the purposes of representing ENERAL ELECTRIC COMPANY, M	the following party (or parties): ARIA POPE, and JAMES F. LOBDELL		
In supp	port of this application, I certify the	hat: 1) I am an active member in good standing		
with the New	York State Bar; and 2) that	I have read and am familiar with the Federal		
Rules of Evide	ence, the Federal Rules of Civil a	nd Criminal Procedure, the Local Rules of this		
Court, and this	s Court's Statement of Profession	alism.		
I under	rstand that my admission to the B	ar of the United States District Court for the		
District of Ore	egon is solely for the purpose of l	itigating in the above matter and will be		
terminated upo	on the conclusion of the matter.			
(1)	PERSONAL DATA:			
` ,	Name: Saltzstein, Susan L.			
	(Last Name)	(First Name) (MI) (Suffix)		
	Agency/firm affiliation: Skadd	len, Arps, Slate, Meagher & Flom LLP		
	Mailing address: One Manhatta	an West		
	City: New York	State: NYZip: 10001-8602		
	Phone number: (212) 735-3000	Fax number: (212) 735-2000		
	Business e-mail address: susan	ı.saltzstein@skadden.com		

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(2)	BAR ADMISSION INFORMATION:		
	State bar admission(s), date(s) of admission, and bar number(s):  New York, 12/16/1992, 2504736		
	Other federal court admission(s) and date(s) of admission:  US Supreme Court, 1/9/2017; US Courts of Appeals: 2nd Circuit, 9/23/2010; 6th Circuit, 12/10/2001; US District Courts: EDNY, 10/20/2006; SDNY, 8/17/1993; D. Co., 12/10/1993		
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:		
	I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.		
	I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)		
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.		
(5)	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.		
	<b>f Attorney Seeking</b> <i>Pro Hac Vice</i> <b>Admission:</b> I have read and understand the LR 83-3, and I certify that the above information is true and correct.		
DATED	<u>11/10/2020</u>		
	/s/ Susan Saltzstein (Signature)		
	( 3 )		

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## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for <i>p</i> unless requesting a waiver of the requ			cal counsel,		
To request a waiver of the requirement following box:	t to associate with loca	l counsel under LR 4	45-1, check the		
I seek admission for the limited Court did not issue. Pursuant requirement to associate with I from local counsel with this ap	to LR 45-1(b), I request ocal counsel and there	t a waiver of the LR	83-3(a)(1)		
To associate with local counsel, provious obtain the signature of local counsel.	de the following inform	nation about local co	unsel, and		
Name: DeLuca, Dallas S. (Last Name)	(First Name)	(MI)	(Suffix)		
OSB number: 072992	(First Name)	(MI)	(Sujju)		
Agency/firm affiliation: Markowitz Her	bold PC				
Mailing address: 1455 SW Broadway,	Suite 1900				
City: Portland	State: OR	Zip:	97201		
Phone number: (503) 295-3085	Fax number: (	503) 323-9105			
Business e-mail address: dallasdeluca@markowitzherbold.com					
Business e-mail address: dallasdeluca@	markowitzherbold.com				
CERTIFICATION OF ASSOCIAT		L:			
	E LOCAL COUNSE tanding of the bar of the	is Court, that I have			
CERTIFICATION OF ASSOCIAT  I certify that I am a member in good so understand the requirements of LR 83	E LOCAL COUNSE tanding of the bar of the	is Court, that I have			

(Signature of Local Counsel)

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